

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: IA
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: IA

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 6,529,540

A.Preventive and primary care for children:

\$ 2,373,579 (36.35%)

B.Children with special health care needs:

\$ 2,191,490 (33.56%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 606,594 (9.29%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 5,057,930

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 4,527,575

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 650,000

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 5,035,775

\$ 10,235,505

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 16,765,045

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 189,000

j. Education: \$ 153,333

k. Other:

CDC EHDI \$ 180,042

CDC Screening Surv \$ 150,000

CDC Stillbirth \$ 300,000

ECCS \$ 105,000

Family Planning \$ 1,280,508

Family to Family Inf \$ 95,700

HRSA EHDI \$ 174,967

HRSA Family Particip \$ 130,000

SAMSHA CHSC \$ 2,090,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 4,948,550

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 21,713,595

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: IA

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 6,760,133	\$ 5,777,361	\$ 6,737,839	\$ 6,774,579	\$ 6,760,133	\$ 7,599,309
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 796,731	\$ 891,689	\$ 830,778	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 5,679,015	\$ 5,086,166	\$ 5,164,902	\$ 5,360,295	\$ 5,370,734	\$ 5,699,923
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 1,702,628	\$ 2,128,773	\$ 1,701,976	\$ 1,597,761	\$ 3,343,676	\$ 2,987,578
6. Program Income <i>(Line6, Form 2)</i>	\$ 190,000	\$ 0	\$ 320,000	\$ 491,997	\$ 400,000	\$ 522,668
7. Subtotal <i>(Line8, Form 2)</i>	\$ 15,128,507	\$ 13,883,989	\$ 14,755,495	\$ 14,224,632	\$ 15,874,543	\$ 16,809,478
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 2,902,171	\$ 2,994,879	\$ 2,438,483	\$ 2,555,706	\$ 1,331,547	\$ 2,245,452
9. Total <i>(Line11, Form 2)</i>	\$ 18,030,678	\$ 16,878,868	\$ 17,193,978	\$ 16,780,338	\$ 17,206,090	\$ 19,054,930
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: IA

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 6,579,555	\$ 6,445,029	\$ 6,512,104		\$ 6,529,540	
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
3. State Funds <i>(Line3, Form 2)</i>	\$ 6,030,199	\$ 6,325,906	\$ 5,293,246		\$ 5,057,930	
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
5. Other Funds <i>(Line5, Form 2)</i>	\$ 4,558,006	\$ 4,698,813	\$ 5,486,806		\$ 4,527,575	
6. Program Income <i>(Line6, Form 2)</i>	\$ 600,000	\$ 0	\$ 1,000,000		\$ 650,000	
7. Subtotal <i>(Line8, Form 2)</i>	\$ 17,767,760	\$ 17,469,748	\$ 18,292,156	\$ 0	\$ 16,765,045	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 2,337,500	\$ 3,239,481	\$ 4,437,528		\$ 4,948,550	
9. Total <i>(Line11, Form 2)</i>	\$ 20,105,260	\$ 20,709,229	\$ 22,729,684	\$ 0	\$ 21,713,595	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2007
Field Note:
Fiscal Year 2007 paid CHSC \$826,859.07 in contract payments for (1) 2005 and (4) 2006 claims.
2. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
CHSC budgeted amount did not reflect actual state appropriations at the time the budget was written. \$726,172 was not budgeted but was appropriated and expended by CHSC.
3. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2008
Field Note:
Dental, CHSC and CH under
4. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2007
Field Note:
General fund appropriations for 1st Five and I-Smiles were not fully expended due to delays in the required competitive bid process.
5. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
Funds originally budgeted as program income were subsequently eligible to be claimed as state match. Third party payor receipts for direct care claimed as state match are reported in the amount of \$845,765.
6. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2007
Field Note:
CHSC had an increase in revenue generating patient visits and began submitting claims for additional services.
7. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2008
Field Note:
The other federal funds is expenditure is greater budgeted numbers because of several grants that were received but not budgeted for.
8. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
The other federal funds is expenditure is greater budgeted numbers because of several grants that were received but not budgeted for.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: IA

	FY 2005		FY 2006		FY 2007	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 2,481,551	\$ 1,830,983	\$ 2,458,686	\$ 2,257,898	\$ 1,857,583	\$ 1,936,580
b. Infants < 1 year old	\$ 296,908	\$ 317,141	\$ 297,057	\$ 301,340	\$ 321,888	\$ 295,055
c. Children 1 to 22 years old	\$ 6,528,088	\$ 6,017,563	\$ 6,496,444	\$ 5,638,435	\$ 8,076,050	\$ 7,551,603
d. Children with Special Healthcare Needs	\$ 5,307,937	\$ 5,192,960	\$ 4,973,785	\$ 5,568,672	\$ 5,067,467	\$ 6,552,534
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 514,023	\$ 525,342	\$ 529,523	\$ 458,287	\$ 551,555	\$ 473,706
g. SUBTOTAL	\$ 15,128,507	\$ 13,883,989	\$ 14,755,495	\$ 14,224,632	\$ 15,874,543	\$ 16,809,478

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 317,512	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 50,000	\$ 0	\$ 0
d. Abstinence Education	\$ 325,003	\$ 318,198	\$ 318,198
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 127,600	\$ 160,000	\$ 160,000
j. Education	\$ 165,913	\$ 165,913	\$ 165,913
k. Other			
ECCS	\$ 0	\$ 0	\$ 140,000
Medical Home	\$ 137,606	\$ 277,777	\$ 307,607
Newborn Screen CHSC	\$ 0	\$ 0	\$ 139,829
ECCS grant	\$ 100,000	\$ 140,000	\$ 0
EHDI - MCHB	\$ 0	\$ 129,805	\$ 0
Family Planning	\$ 1,052,537	\$ 1,146,790	\$ 0
AWARe grant	\$ 100,000	\$ 0	\$ 0
Healthy & Ready Work	\$ 300,000	\$ 0	\$ 0
Newborn CSCHN	\$ 126,000	\$ 0	\$ 0
III. SUBTOTAL	\$ 2,902,171	\$ 2,438,483	\$ 1,331,547

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: IA

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,824,266	\$ 1,823,426	\$ 1,690,006		\$ 1,551,053	
b. Infants < 1 year old	\$ 335,848	\$ 316,143	\$ 332,114		\$ 292,566	
c. Children 1 to 22 years old	\$ 8,102,484	\$ 9,587,283	\$ 9,331,884		\$ 9,653,433	
d. Children with Special Healthcare Needs	\$ 6,900,407	\$ 5,185,446	\$ 6,311,739		\$ 4,661,399	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 604,755	\$ 557,450	\$ 626,413		\$ 606,594	
g. SUBTOTAL	\$ 17,767,760	\$ 17,469,748	\$ 18,292,156	\$ 0	\$ 16,765,045	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 160,000		\$ 149,849		\$ 189,000	
j. Education	\$ 165,913		\$ 165,913		\$ 153,333	
k. Other						
CDC EHDI	\$ 0		\$ 0		\$ 180,042	
CDC Screening Surv	\$ 0		\$ 0		\$ 150,000	
CDC Stillbirth	\$ 0		\$ 0		\$ 300,000	
ECCS	\$ 140,000		\$ 105,000		\$ 105,000	
Family Planning	\$ 1,127,882		\$ 1,208,653		\$ 1,280,508	
Family to Family Inf	\$ 0		\$ 0		\$ 95,700	
HRSA EHDI	\$ 0		\$ 0		\$ 174,967	
HRSA Family Particip	\$ 0		\$ 0		\$ 130,000	
SAMSHA CHSC	\$ 0		\$ 0		\$ 2,090,000	
Family Participation	\$ 0		\$ 128,000		\$ 0	
Medical Home	\$ 300,000		\$ 132,000		\$ 0	
Newborn Hearing	\$ 0		\$ 180,000		\$ 0	
SAMHSA Beh. Health	\$ 0		\$ 2,108,113		\$ 0	
TOHSS Oral Health	\$ 0		\$ 160,000		\$ 0	
Newborn Hearing	\$ 139,829		\$ 0		\$ 0	
Perinatal Depression	\$ 203,876		\$ 0		\$ 0	
III. SUBTOTAL	\$ 2,337,500		\$ 4,437,528		\$ 4,948,550	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
Increase in expenditures over budget are primarily attributable to unanticipated increases in state appropriations for immunization (budget = \$260,608, actual= \$706,768) and lead poisoning prevention (budget = \$121,000, actual = \$651,224).
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
General fund appropriations for 1st Five and I-Smiles were not fully expended due to delays in the required competitive bid process.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2008
Field Note:
Expenditures significantly less than budget are attributable to several factors related to the budget for child with special needs: 1) SAMHSA funds in the amount of \$1,453,719 were incorrectly loaded in this portion of the budget; Expenditures are reported on Form 2, Item # 9 "Other Federal Funds". This accounts for 50% of the variance (\$1,454,719). 2) Loss of FFY 2008 funds from Megellan Behavioral Health. 3) Redistribution of Title V and state match CSHCN funds to Direct Care.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2007
Field Note:
CHSC recieved and expended allocations not reflected on budget. (high risk, cancer, and hemophillia appropriations)
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2007
Field Note:
Bureau support was under spent because of staff vacancies.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: IA

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,504,392	\$ 4,398,760	\$ 3,971,482	\$ 4,261,128	\$ 4,231,828	\$ 4,932,475
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 4,978,786	\$ 4,337,377	\$ 4,145,766	\$ 4,013,298	\$ 4,062,622	\$ 4,610,345
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,612,141	\$ 1,418,306	\$ 1,731,221	\$ 1,634,829	\$ 1,835,042	\$ 1,789,479
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,033,188	\$ 3,729,546	\$ 4,907,026	\$ 4,315,377	\$ 5,745,051	\$ 5,477,179
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 15,128,507	\$ 13,883,989	\$ 14,755,495	\$ 14,224,632	\$ 15,874,543	\$ 16,809,478

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: IA

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 4,824,423	\$ 5,420,687	\$ 5,144,406	\$	\$ 4,514,281	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 5,487,762	\$ 3,533,548	\$ 4,495,951	\$	\$ 3,746,664	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,274,544	\$ 2,337,058	\$ 2,329,140	\$	\$ 2,058,340	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,181,031	\$ 6,178,455	\$ 6,322,659	\$	\$ 6,445,760	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 17,767,760	\$ 17,469,748	\$ 18,292,156	\$ 0	\$ 16,765,045	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
Funds originally budgeted as Program Income were subsequently eligible to be claimed as state match. Third party payor receipts for Direct Care claimed as state match are reported in the amount of \$845,765.
- 2. Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
The budgeted amount consists of the yearly amount of our portion of the Block Grant. Due to increasing costs and hiring additional staff we spend down a portion of the amount carried forward from previous years.
- 3. Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
Expenditures significantly less than budget are attributable to several factors related to the budget for child with special needs: 1) SAMHSA funds in the amount of \$1,453,719 were incorrectly loaded in this portion of the budget; Expenditures are reported on Form 2, Item # 9 "Other Federal Funds". This accounts for 50% of the variance (\$1,454,719). 2) Loss of FFY 2008 funds from Megellan Behavioral Health. 3) Redistribution of Title V and state match CSHCN funds to Direct Care.
- 4. Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
The budgeted amount consists of the yearly amount of our portion of the Block Grant. Due to increasing costs and hiring additional staff we spend down a portion of the amount carried forward from previous years.
- 5. Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
Increase in expenditures over budget are primarily attributable to unanticipated increases in state appropriations for immunization (budget = \$260,608, actual= \$706,768) and lead poisoning prevention (budget = \$121,000, actual = \$651,224). Both programs are Child Health population based services.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: IA

Total Births by Occurrence: 40,282

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	40,242	99.9	6	4	4	100
Congenital Hypothyroidism	40,242	99.9	20	15	15	100
Galactosemia	40,242	99.9	20	15	15	100
Sickle Cell Disease	40,242	99.9	2	2	2	100
Other Screening (Specify)						
Biotinidase Deficiency	40,242	99.9	35	4	4	100
Cystic Fibrosis	40,242	99.9	14	14	14	100
Organic Acidurias	40,242	99.9	72	4	4	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	40,242	99.9	50	2	2	100
Fatty Acid Oxidation Disorder	40,242	99.9	40	13	13	100
Screening Programs for Older Children & Women (Specify Tests by name)						
Maternal Prenatal Screening	11,983		0	0	0	
Neural Tube Defects	183		0	0	0	
Down Syndrome (Trisomy 21)	347		0	0	0	
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: SickCellDisease_Confirmed
Row Name: SickCellDisease
Column Name: Confirmed Cases
Year: 2010
Field Note:
There were 2 presumptive positive screens and 2 of them were confirmed.
2. **Section Number:** Form6_Screening Programs for Older Children and Women
Field Name: OtherWomen
Row Name: All Rows
Column Name: All Columns
Year: 2010
Field Note:
The maternal prenatal screening does not include presumptive positive screens, confirmed cases and needing treatment received treatment

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDULICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: IA

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	10,673	52.5	0.0	34.9	11.6	0.8
Infants < 1 year old	39,545	37.8	0.2	57.6	2.9	1.5
Children 1 to 22 years old	133,831	80.0	0.3	3.8	15.9	0.0
Children with Special Healthcare Needs	7,345	48.8	0.0	47.2	4.0	0.0
Others	64	42.2	0.0	43.8	14.0	0.0
TOTAL	191,458					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2010
Field Note:
Data were obtained from the Women's Information System (WHIS).
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2010
Field Note:
This number includes the total number of infants served through the newborn screening program and local MCH agencies. Data were obtained from the eSP newborn data system and CARES child health data system.
3. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2010
Field Note:
Data were obtained from the CARES (Child and Adolescent Reporting System)
4. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2010
Field Note:
Women served by Title V local maternal health agencies.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: IA

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	40,835	35,474	1,669	251	897	53	316	2,175
Title V Served	10,227	8,745	725	127	121	29	33	447
Eligible for Title XIX	16,652	13,107	1,299	182	243	28	217	1,576
INFANTS								
Total Infants in State	39,702	34,401	1,162	226	861	46	322	2,684
Title V Served	39,545	34,008	1,740	239	869	79	0	2,610
Eligible for Title XIX	16,652	13,107	1,299	182	243	28	217	1,576

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	37,456	3,365	14	2,661	10	74	610	10
Title V Served	8,244	1,983	0	1,384	3	15	149	432
Eligible for Title XIX	14,226	2,424	2	1,963	3	50	402	6
INFANTS								
Total Infants in State	36,378	3,290	534	2,590	9	67	383	241
Title V Served	35,591	3,954	0	2,689	474	71	10	710
Eligible for Title XIX	14,226	2,424	2	1,963	3	50	402	6

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2010
Field Note:
Data were obtained from 2008 Vital Statistics Provisional Data.
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
Data were obtained from the WHIS database and are 2008 data.
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
Data were obtained from 2007 Medicaid match.
4. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2010
Field Note:
Data were obtained from 2008 Vital Statistics Provisional Data.
5. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
Unduplicated race and ethnicity for infants served by Title V is a synthetic estimate based on race distribution reported on the birth certificate and applied to the total infants screened by the newborn EHDI program.
6. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
Data were obtained from 2007 Medicaid match.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: IA

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 369-3826	(800) 369-3826	(800) 369-3826	(800) 369-3826	(800) 369-2229
2. State MCH Toll-Free "Hotline" Name	Iowa Healthy Families Line	Iowa Healthy Families Line	Iowa Healthy Families Line	Iowa Healthy Families Line	Iowa Healthy Families Line
3. Name of Contact Person for State MCH "Hotline"	Margaret VanGinkel	Margaret VanGinkel	Margaret VanGinkel	Margaret VanGinkel	Margaret VanGinkel
4. Contact Person's Telephone Number	(515) 331-8900	(515) 331-8900	(515) 331-8900	(515) 331-8900	(515) 331-8900
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	8,494	7,708	7,853

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: IA

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: IA

1. State MCH Administration:
(max 2500 characters)

The Iowa Title V Maternal and Child Health Services Block Grant program= Administered by the Bureau of Family Health; Division of Health Promotion and Chronic Disease Prevention, Iowa Department of Public Health. The bureau's responsibilities include: 1) conducting a statewide needs assessment; 2) development policies, plans and programs to improve the health of women, infants, children, adolescents and families; and 3) administering family planning programs. The bureau is administratively responsible for coordinating Title V services for children and youth with special health care needs through a contract with the University of Iowa, Department of Pediatrics, Child Health Specialty Clinics.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 6,529,540
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 5,057,930
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 4,527,575
7. Program Income (Line 6, Form 2)	\$ 650,000
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 16,765,045

9. Most significant providers receiving MCH funds:

Local Maternal and Child Health agencies
Child Health Specialty Clinics
University of Iowa, University of Northern Iowa
Iowa State University

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	10,673
b. Infants < 1 year old	39,545
c. Children 1 to 22 years old	133,831
d. CSHCN	7,345
e. Others	64

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Child Health – Twenty-three local CH agencies provide education on preventive well child services to all families newly enrolled in Title XIX and ongoing care coordination for families not already served by managed care. Local agencies reach vulnerable populations and provide services regardless of funding source. Services are supported through collaborative efforts between the Dept of Human Services (DHS) (Iowa's Medicaid agency) and state and local Title V program partnerships. Child health agencies provided care to more than 173,376 children in FFY08. Maternal Health - Local maternal health agencies across the state served 10,673 low-income pregnant women. The agencies are essential to increasing the number of women receiving prenatal care and promoting early entry into care. Wide ranges of health education and support services are available to low-income pregnant women. Local agencies play a critical role in providing access to care. CSHCN - CHSC has consolidated its cornerstone direct care services - the Integrated Evaluation and Planning Clinic and the Birth to Five Program – to increase operational efficiency. CHSC continued to expand use of web-based telecommunications to enhance access to medical and psychiatric specialty providers for rural Iowa children. With additional state support, CHSC expanded enabling services for Iowa's Part C program, specifically nutrition consultation and service coordination for CSHCN 0-3 years old who are premature, drug-exposed, or medically complex. Finally, a new CHSC initiative is underway to systematize the availability and quality of care coordination services available to primary care practices seeking to provide a medical home quality of care for its CSHCN patients.

b. Population-Based Services:
(max 2500 characters)

Population-based services include several initiatives to screen, identify and refer children, mothers and families who are at-risk for poor health outcomes. These include: developmental screening, hearing screening, dental screening, perinatal depression screening and newborn metabolic screening. Each of these initiatives includes focused strategies for health education and public awareness. Key strategies include provider education, Web based resources and consumer involvement to improve culturally competent service delivery.

c. Infrastructure Building Services:
(max 2500 characters)

Databases for women's health (Women's Health Information System) and child health (Child and Adolescent Reporting System) generate electronic health records that provide critical information for informed decision-making. Local agencies collect information used to monitor needs. Statewide and community level data reports assist communities in assessing local assets, needs and services. Iowa's MCH Title V programs provide leadership for capacity building and program development. The Bureau of Family Health and Child Health Specialty Clinics work together to convene partner agencies and design creative responses to emerging issues. Examples of high priority program and resource development include: 1) MCHB Early Childhood Comprehensive Systems (ECCS) project; 2) Early Hearing Detection and Intervention projects (funded by CDC and HRSA); 3) NE Iowa Children's Mental Health Initiative System of Care project (funded by SAMHSA and co-led by the IA Dept. of Human Services); 4) March of Dimes-sponsored Iowa PRAMS project; 5) Family-to-Family Health Information Center project; and 6) implementing the medical home component of Iowa's health care reform legislation. CHSC continued a partnership with the Iowa-Nebraska Primary Care Association to facilitate efforts by Iowa safety net providers (especially MCH agencies, free clinics, and local boards of health) to help their patients and families access and use medical home services.

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

Name	M. Jane Borst
Title	Title V Director
Address	321 East 12th St
City	Des Moines
State	IA
Zip	50319
Phone	515-281-4911
Fax	515-242-6013
Email	jborst@idph.state.ia.us
Web	www.idph.state.ia.us

Name	Debra Waldron
Title	Director and Chief Medical Officer
Address	100 Hawkins Drive
City	Iowa City
State	IA
Zip	52242
Phone	319-384-7292
Fax	319-356-3715
Email	debra-waldron@uiowa.edu
Web	www.uihealthcare.com/chsc

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: IA

Form Level Notes for Form 11

Due to significant reductions in state appropriations and level or reduced federal Title V appropriations, we have lowered the anticipated annual rate of the CSHCN target objectives improvement (for NPMs #2, 3, 4 and 6) from 5% to 2%, starting with ffy'09. The NPM #5 and SPM #4 indicator values are already high, so the annual targeted increases are set at only 1%.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	99.7	99.8	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	43	44	58	184	73
Denominator	43	44	58	184	73
Data Source					CCID and INMSP

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2008

Field Note:

FFY08 data were obtained from the Center for Congenital and Inherited Disorders and the Iowa Neonatal Screening Program.

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2007

Field Note:

FFY07 data were obtained from the Center for Congenital and Inherited Disorders and the Iowa Neonatal Screening Program.

3. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

FFY06 data were obtained from the Center for Congenital and Inherited Disorders and the Iowa Neonatal Screening Program.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	59.9	60.6	61.3	62	65.1
Annual Indicator	58.6	58.6	58.6	64.7	64.7
Numerator	225	225	225		
Denominator	384	384	384		
Data Source					NSCSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	66.4	67.7	69.1	70.5	71.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Annual indicator value is from '05-'06 NS-CSHCN. Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the families ability to partner in decision making.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Although we realize the indicator value only changes with new data obtained from the National CYSHCN Survey - approximately every five years - we have chosen to increase our annual target objective to reflect our intention to annually progress toward meeting this priority need.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	59.4	60.6	61.8	63	60.3
Annual Indicator	57.1	57.1	57.1	57.4	57.4
Numerator	413	413	413		
Denominator	723	723	723		

Data Source

NSCSHCN

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	61.5	62.7	64	65.3	66.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the medical home model.

2. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Although, we did not meet the 2007 target, we are encouraged to set increasing target objectives based on the assumption that recent 2008 health care reform state legislation will have a strong positive influence on primary care providers to pursue a medical home model of care delivery.

3. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Although we realize the indicator value only changes with new data obtained from the National CYSHCN Survey - approximately every five years - we have chosen to increase our annual target objective to reflect our intention to annually progress toward meeting this priority need.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	63.3	67.7	71.1	74.7	72
Annual Indicator	64.5	64.5	64.5	68.6	68.6
Numerator	468	468	468		
Denominator	726	726	726		
Data Source					NSCSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	73.4	74.9	76.4	77.9	79.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the families ability to have adequate public and/or public insurance.

2. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Although we did not meet the 2007 target, we set increasing target objectives because of the consistently and broadly acknowledged high importance of this insurance-related outcome priority.

3. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Although we realize the indicator value only changes with new data obtained from the National CYSHCN Survey - approximately every 5 years - we have chosen to increase our annual target objective to reflect our intention to annually progress toward meeting this priority need.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>81</u>	<u>82.6</u>	<u>84.3</u>	<u>86</u>	<u>93.8</u>
Annual Indicator	<u>77.8</u>	<u>77.8</u>	<u>77.8</u>	<u>92.9</u>	<u>92.9</u>
Numerator	<u>301</u>	<u>301</u>	<u>301</u>		
Denominator	<u>387</u>	<u>387</u>	<u>387</u>		
Data Source					NSCSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>94.7</u>	<u>95.6</u>	<u>96.6</u>	<u>97.6</u>	<u>98.6</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve community-based service systems.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Although our data source for this NPM (the National CSHCN Survey) is only repeated every five years, we felt responsible to revise and raise the annual target objectives by a modest percentage as motivation to remain involved in system development efforts designed to improve families' easy use of community-based service systems.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Although we realize the indicator value only changes with new data obtained from the National CYSHCN Survey - approximately every 5 years - we have chosen to increase our annual target objective to reflect our intention to annually progress toward meeting this priority need.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective		6.4	7	7.7	49.7
Annual Indicator	5.8	5.8	5.8	47.3	47.3
Numerator	310	310	310		
Denominator	5,351	5,351	5,351		
Data Source					NSCSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	50.7	51.7	52.7	53.8	54.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Annual indicator value is from the '05-'06 NS-CSHCN.

Although the data source for this NPM (National Survey for CSHCN) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve the transition services.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

We are hoping that participation in a technical assistance experience will boost our Title V CSHCN Program's accomplishments for this national priority outcome.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Although we realize the indicator value only changes with new data obtained from the National CYSHCN Survey - approximately every five years - we have chosen to increase our annual target objective to reflect our intention to annually progress toward meeting this priority need.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	91	94	95	95	90
Annual Indicator	93.6	94.3	94.6	88.4	72.8
Numerator	5,968	5,757	5,469	5,116	3,930
Denominator	6,374	6,105	5,781	5,786	5,395

Data Source

PSIA report

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	74	76	78	80	80
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Data were obtained from the 2009 Public Sector Immunization Assessment report. The decrease in the percentage of children fully immunized between 2007 and 2008 can be attributed to a change in assessment protocol as well as the national Hib shortage.

2. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained taken from the 2008 Public Sector Immunization Assessment report.

3. **Section Number:** Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained taken from the 2007 Public Sector Immunization Assessment report.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	15	14.7	14.7	16	15
Annual Indicator	14.8	16.1	16.7	15.6	16.8
Numerator	895	963	999	973	1,025
Denominator	60,369	59,906	59,906	62,364	61,192

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	16	15.5	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Data were obtained from 2008 Vital Statistics provisional data.

2. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from 2007 Vital Statistics provisional data.

3. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from 2006 Vital Statistics data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	43	44	46	45	47
Annual Indicator	43.4	45.5	44.0	44.5	49.2
Numerator	14,577	15,500	15,198	15,446	17,336
Denominator	33,588	34,064	34,540	34,709	35,235
Data Source					third grade survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data was collected on the OHB sealant survey for third graders in 2008.

- 2.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

The OHB previously conducted an annual sealant survey to determine this rate for the past eight years. Based upon the results of the data collected, a careful evaluation of the statistical significance or cost effectiveness to continue the annual survey was done. A decision of repeating the survey every third year was made. The data consultant for Iowa's Title V application will continue to use the forecast formula to estimate the sealant rate every other year.

- 3.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

The OHB previously conducted an annual sealant survey to determine this rate for the past eight years. Based upon the results of the data collected, a careful evaluation of the statistical significance or cost effectiveness to continue the annual survey was done. A decision of repeating the survey every other year was made. The data consultant for Iowa's Title V application will continue to use the forecast formula to estimate the sealant rate every other year.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3.4	5	4.1	2	4.5
Annual Indicator	6.7	4.4	2.1	4.6	2.9
Numerator	38	24	12	25	17
Denominator	569,387	547,627	581,387	543,571	586,749

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Data were obtained from 2008 Vital Statistics provisional data.

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from 2007 Vital Statistics provisional data.

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from 2006 Vital Statistics data.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			28	35	46
Annual Indicator		27.5	34.7	20.1	20.0
Numerator		10,496	103	2,903	2,927
Denominator		38,133	297	14,444	14,633

Data Source

Pediatric NSS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	20	22	24	25	25

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is from the 2008 Pediatric Nutrition Surveillance Survey. The data show that 20 percent of the 14,633 infants in the data set were breastfed at six months of age.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data is from the 2007 Pediatric Nutrition Surveillance Survey. The data show that 20.1 percent of the 14,444 infants in the data set were breastfed at six months of age.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

Data were collected from the National Immunization Survey. Last year was the first year of collecting data on mothers who breastfeed their infants at six months. Iowa has decided to switch data sources from the Pediatric Nutrition Surveillance Survey data set to the National Immunization Survey.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	97	99	98	99.8	99
Annual Indicator	98.9	95.7	97.4	98.2	98.7
Numerator	15,716	35,757	37,970	39,684	39,545
Denominator	15,892	37,360	38,996	40,414	40,052

Data Source

eSP

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	99.5	99.6	99.7	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 data were obtained from the eSP newborn hearing screening database. The total number screened may not include children that were not screened by the birthing hospital because they were transferred to another facility before screening, missed or the family refused. The total eligible for screening is birth by occurrence.

- 2.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

The 2007 data were obtained from the eSP newborn hearing screening data. The total number screened may not include children that were not screened by the birth hospital because they were transferred to another facility before screening, missed, or the family refused. The total eligible for screening is birth by occurrence.

- 3.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

The 2006 data were obtained from the eSP newborn hearing screening data. IDPH is in the process of implementing the eSP data system statewide. The total number screened may not include children that were not screened by the birth hospital because they were transferred to another facility before screening, missed, or the family refused.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	3	5	2	2.7	2.6
Annual Indicator	6.0	2.8	2.8	2.8	2.8
Numerator	41,000	20,640	19,124	19,919	19,852
Denominator	683,000	737,212	683,000	711,403	709,000
Data Source					Household Health Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	2.8	2.8	2.5	2.5	2.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

The annual indicator reflects the results of the 2005 Household Health Survey as noted in previous years. It remains difficult to estimate the percent of uninsured children in Iowa. Data from the most recent (2007) Census Population Survey (CPS) report the uninsured rate at 4.8%, however, variations in conflicting reports suggest errors in measurement and the use of differing data sources.

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator was obtained from the 2005 Child and Family Household Health Survey data.
 The denominator was obtained from the 2006 Census data for children <18 years.

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator was obtained from the 2005 Child and Family Household Health Survey data.
 The denominator was obtained from the 2005 Census data for children <18 years.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			13	30	30
Annual Indicator		14.0	32.5	32.5	32.6
Numerator		9,205	9,802	9,802	10,936
Denominator		65,753	30,161	30,161	33,548
Data Source					CDC PedNSS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	32	30	29	28	27
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

The 2008 data are calculated from the number of children tested times the percent with BMI >85th percentile as reported in CDC PedNSS Reports.

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

PedNSS data for 2007 will not be available until later this year.

Numerators are calculated from the number of children tested x percent with BMI >85th percentile as reported in CDC PedNSS Reports.

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from WIC clinic clients.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			17	18	14
Annual Indicator		17.9	18.0	14.9	14.5
Numerator		3,265	3,284	6,075	5,846
Denominator		18,241	18,247	40,788	40,221
Data Source					Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	14	13	12	11	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data was obtained from 2008 Vital Statistics provisional data.

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data was obtained from 2007 Vital Statistics provisional data.

3. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data were obtained from the Iowa Barriers to Prenatal Care Survey.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	11	10	10	10	9.8
Annual Indicator	10.4	11.0	10.6	10.1	12.9
Numerator	22	23	23	22	28
Denominator	211,983	209,303	217,268	217,502	216,795

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	12.7	12.5	12.3	12.1	12

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Data were obtained from 2008 Vital Statistics provisional data.

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from 2007 Vital Statistics provisional data.

3. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from 2006 Vital Statistics data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	80	96	96	96	97
Annual Indicator	95.3	94.7	94.0	94.2	95.0
Numerator	427	463	453	468	420
Denominator	448	489	482	497	442

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	96	97	97	97	97
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from 2008 Vital Statistics provisional data.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from 2007 Vital Statistics provisional data.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data were obtained from 2006 Vital Statistics data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	88.5	88.6	88.7	87	80
Annual Indicator	88.7	87.2	86.4	77.7	75.9
Numerator	34,021	34,244	35,047	31,740	30,513
Denominator	38,369	39,255	40,564	40,835	40,221
Data Source					Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	76	77	78	79	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from 2008 Vital Statistics data.

2. **Section Number:** Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Iowa implemented a revised birth certificate during this reporting period. The questions about entry into prenatal care was changed. Data staff are investigating the accuracy of the reporting.

Data were obtained from 2007 Vital Statistics data.

3. **Section Number:** Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data were obtained from 2006 Vital Statistics data.

STATE PERFORMANCE MEASURE # 1

Percent of children served by family support programs, whose primary delivery method is a home visit, that are served through evidence-based programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			12	55	60
Annual Indicator		19.0	22.9	22.9	18.8
Numerator		11	6,815	6,815	6,634
Denominator		58	29,756	29,756	35,254
Data Source					family support programs scan
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>20</u>	<u>22</u>	<u>24</u>	<u>25</u>	<u>27</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from an environmental scan of family support programs funded through the EC system

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from an environmental scan conducted in February of 2007 with family support programs whose primary delivery method is a home visit. The performance measure data set was change to show the most recent data on family support. The environmental scan will be updated every two years.

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data were obtained from an environmental scan conducted with family support programs whose primary delivery method is a home visit. The performance measure data set was change to show the most recent data on family support.

STATE PERFORMANCE MEASURE # 2

Percent of early care and education businesses who have received a training or service from a child care nurse consultant.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			1,224	1,750	35
Annual Indicator		1,182	1,717	29.7	39.6
Numerator				2,280	3,045
Denominator				7,688	7,688
Data Source					NCCIC Iowa profile
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	40	42	45	50	52
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data collected from the National Child Care Information Center, State profile for Iowa: Total Number Licensed/Regulated FCCG added to the Number of Licensed Child Care Centers. The objective changed in 2007 from the number businesses that have received training to a percentage of businesses.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from the Healthy Child Care Iowa encounter data and the National Child Care Information and Technical Assistance Center.

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data were obtained from the Healthy Child Care Iowa Child Care Nurse Consultant log.

STATE PERFORMANCE MEASURE # 3

Percent of Medicaid enrolled children zero to five years who receive developmental evaluations.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective			7	10	12
Annual Indicator		8.2	4.4	4.1	2.3
Numerator		7,004	3,842	3,624	2,142
Denominator		85,386	87,979	89,419	92,966
Data Source					CMS 4.16 report
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	3	4	5	8	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2008
Field Note:
 The 2008 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2007
Field Note:
 The 2007 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2006
Field Note:
 The 2006 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

STATE PERFORMANCE MEASURE # 4

Percent of children who needed care from a specialist who received the care without problem.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			87	88	89
Annual Indicator	83.7	83.7	85.1	85.1	85.1
Numerator	101,929	101,929	113,046	113,046	113,046
Denominator	121,842	121,842	132,839	132,839	132,839
Data Source					2005 Child and Family Household Health Survey
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	90	91	92	93	94
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Although our data source for this SPM (the Iowa Child and Family Household Health Survey) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve families' ease of access to specialty care.

We are now engaged in plans to implement the third administration of the Iowa Child and Family Household Health Survey in 2010. If a continuing state priority, new data for this annual performance indicator should be available for the 2010 reporting year.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Although our data source for this SPM (the Iowa Child and Family Household Health Survey) is only repeated every five years, we feel responsible to raise the annual target objective by a modest percentage as motivation to remain involved in system development efforts designed to improve families' ease of access to specialty care.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

The 2006 annual indicator value was calculated from data collected in the "2005 Iowa Child & Family Household Health Survey" - a random sample phone survey supplemented with some convenience sampling.

STATE PERFORMANCE MEASURE # 5

Percent of children 0-3 years served by Early ACCESS (IDEA, Part C).

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			2.4	2.8	2.9
Annual Indicator	2.1	2.3	2.7	2.7	3.0
Numerator	2,331	2,581	2,932	3,185	3,576
Denominator	110,276	110,650	108,593	116,411	118,296
Data Source					IDEA, Part C Early ACCESS IMS
Is the Data Provisional or Final?				Final	Final
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	3	3.1	3.2	3.3	3.4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from the IDEA, Part C -Early ACCESS Information Management Systems data. Although Iowa currently meets the OSEP recommendations for percentage of the 0-3 populations enrolled in Part C, there is debate regarding possible upward revision of the enrollment rate target. In anticipation of this, we have, therefore, set progressively higher annual performance target objectives.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from the IDEA, Part C - Early ACCESS Information Management Systems data.

Although Iowa currently meets the OSEP recommendations for percentage of the 0-3 populations enrolled in Part C, there is debate regarding possible upward revision of the enrollment rate target. In anticipation of this, we have, therefore, set progressively higher annual performance target objectives.

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data were obtained from the IDEA, Part C - Early ACCESS Information Management Systems data.

Although Iowa currently meets the OSEP recommendations for percentage of the 0-3 populations enrolled in Part C, there is debate regarding possible upward revision of the enrollment rate target. In anticipation of this, we have, therefore, set progressively higher annual performance target objectives.

STATE PERFORMANCE MEASURE # 6

Percent of Iowa counties that have at least one participating targeted community in the CDC nutrition and physical activity obesity prevention project.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			15	18	24
Annual Indicator		12.1	18.2	12.1	36.4
Numerator		12	18	12	36
Denominator		99	99	99	99
Data Source					Iowans Fit for Life
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	38	40	45	48	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 Data were obtained from the IDPH – Iowans Fit for Life Project.
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2007
Field Note:
 Data were obtained from the IDPH - Fit for Life Project.
- Section Number:** Form11_State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2006
Field Note:
 Data were obtained from the IDPH - Fit for Life Project.

STATE PERFORMANCE MEASURE # 7

Percent of Medicaid enrolled children ages 9-35 months receiving a blood lead test.

<u>Annual Objective and Performance Data</u>				
2004	2005	2006	2007	2008
Annual Performance Objective		60	68	68
Annual Indicator	57.5	67.2	61.4	68.5
Numerator	11,768	12,251	13,281	15,532
Denominator	20,474	18,242	21,620	22,682
Data Source				STELLAR and Medicaid data match
Is the Data Provisional or Final?			Final	Provisional

<u>Annual Objective and Performance Data</u>				
2009	2010	2011	2012	2013
Annual Performance Objective	69	70	70	70
Annual Indicator				
Numerator				
Denominator				

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from the STELLAR and Medicaid data match conducted by the IDPH Bureau of Lead Poisoning Prevention.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from the STELLAR and Medicaid data match conducted by the IDPH Bureau of Lead Poisoning Prevention.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data were obtained from the STELLAR and Medicaid data match conducted by the IDPH Bureau of Lead Poisoning Prevention.

STATE PERFORMANCE MEASURE # 8

Percent of Medicaid enrolled children ages 1-5 years who receive dental services.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective			38	38	40
Annual Indicator		37.0	38.4	42.1	45.2
Numerator		27,646	29,413	32,808	36,642
Denominator		74,672	76,637	77,889	81,033
Data Source					CMS 416 report
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	47	49	50	51	52
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

The 2007 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

3. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

The 2006 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

STATE PERFORMANCE MEASURE # 9

Rate (per 1,000 births) of infant deaths due to prematurity.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			3.2	3.1	3.1
Annual Indicator		3.2	3.0	3.0	3.2
Numerator		127	121	120	128
Denominator		39,255	40,564	40,488	40,221
Data Source					Vital Statistics
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	3.1	3	2.9	2.8	2.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 Data were obtained from 2008 Vital Statistics provisional data.
- Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2007
Field Note:
 Data were obtained from provisional 2007 Vital Statistics provisional data.
- Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2006
Field Note:
 Data were obtained from provisional 2006 Vital Statistics data.

STATE PERFORMANCE MEASURE # 10

Number of professionals trained on the use of appropriate maternal depression screening tools and the available referral resources.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			600	200	1,500
Annual Indicator					
Numerator		150	150	1,440	784
Denominator		1	1	1	1
Data Source					Maternal Depression trainings
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	750	750	750	750	750
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data were obtained from Maternal Depression trainings that were conducted in 2008. The objective was not met in part because approximately half of the trainers did not submit evaluation data from their trainings. Staff are working with trainers to make sure evaluation data is completed.

2. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from Maternal Depression trainings that were conducted in 2007.

3. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data were obtained from Maternal Depression trainings that were conducted in 2006.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: IA

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	5.8	4.9	5	5
Annual Indicator	5.1	4.9	5.1	5.5	5.6
Numerator	194	194	205	224	226
Denominator	38,369	39,255	40,564	40,835	40,221
Data Source					Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5.5	5.3	5.1	5	5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2008
Field Note:
 Data were obtained from the 2008 Vital Statistics data.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2007
Field Note:
 Data were obtained from the 2007 Vital Statistics data.
- Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2006
Field Note:
 Data were obtained from the 2006 Vital Statistics data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.9	3.1	2.9	2	2
Annual Indicator	2.0	2.9	2.0	2.2	2.6
Numerator	9.6	13.4	9.4	12.1	15
Denominator	4.8	4.6	4.8	5.6	5.7

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2.5	2.3	2.1	2	2

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from the 2008 Vital Statistics data.

2. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from the 2007 Vital Statistics data.

3. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from the 2006 Vital Statistics data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3.3	3.2	3.2	3.1	3.1
Annual Indicator	3.2	3.1	3.3	3.3	3.5
Numerator	122	122	132	134	140
Denominator	38,369	39,255	40,564	40,835	40,221

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3.3	3.3	3.2	3.2	3.1

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data were obtained from the 2008 Vital Statistics data.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from the 2007 Vital Statistics data.

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data were obtained from the 2005 Vital Statistics data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1.9	1.8	1.8	1.7	1.6
Annual Indicator	1.9	1.8	1.8	2.2	2.1
Numerator	72	72	73	90	86
Denominator	38,369	39,255	40,564	40,835	40,221

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.6	1.6	1.5		
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data were obtained from the 2008 Vital Statistics data.

2. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data were obtained from the 2007 Vital Statistics data.

3. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data were obtained from the 2006 Vital Statistics data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	10	8.5	8.5	8.9	8.5
Annual Indicator	8.7	8.3	8.9	8.6	9.1
Numerator	332	326	362	351	368
Denominator	38,369	39,255	40,564	40,835	40,221

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	9	8.8	8.6	8.4	8.2

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from the 2008 Vital Statistics data.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from the 2007 Vital Statistics data.

3. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from the 2006 Vital Statistics data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	21.6	21	17	14.6	14.6
Annual Indicator	20.1	18.8	14.6	18.8	19.3
Numerator	107	96	85	102	105
Denominator	532,567	510,167	581,387	543,571	545,268

Data Source

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	16.8	16.6	16.4	16.2	16

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from the 2008 Vital Statistics data.

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from the 2007 Vital Statistics data.

3. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from the 2006 Vital Statistics data.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: IA

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 15

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Form13_Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2010
Field Note:
We expect this rating to increase from 2 to 3 during ffy'10 with greater involvement than ever before of family members in the Title V CSHCN Program needs assessment process and interpretation.
2. **Section Number:** Form13_Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...
Column Name:
Year: 2010
Field Note:
Although CHSC has employed as many as 40 family members as part of its overall parent consultant network, the current roster is just over 30. We expect this number to climb back towards 40 due to ARRA stimulus funds supporting additional family members employed as Part C service coordinators.
3. **Section Number:** Form13_Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2010
Field Note:
CHSC has increased its attention to cultural competence in serving Hispanic clients in both the early hearing detection and intervention program and the Part C program.

Family members of diverse cultures will also likely be involved in efforts to research and influence the effects of social determinants of health on early childhood outcomes.

Although we are proud of this increased attention to cultural competence, we will again rate this characteristic as only "partially met" until we do even better.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: IA FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Improve the quality of family support and parent education programs and services.
2. Assure children enrolled in early care and education programs are in quality environments.
3. Assure developmental evaluations are provided to Medicaid enrolled children ages 0-5.
4. Assure access to pediatric specialty care for all children.
5. Minimize developmental delay through early intervention services for children ages 0-3.
6. All children and adolescents should be physically active for at least 30 minutes, limit screen time to no more than two hours, and eat five or more servings of fruits and vegetables each day.
7. Improve the quality of primary care for children in Iowa.
8. Assure access to oral health care for children in Iowa.
9. Reduce infant mortality.
10. Assure pregnant and parenting women are screened and referred to appropriate mental health services.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: IA

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Advancing policy work related to social determinants for the Early Childhood system	System capacity for Early Childhood	Plenary speaker at the Early Childhood Off to a Good Start Meeting
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Advancing the core public health functions and public health modernization	System capacity for MCH agencies and the local and state public health system	Plenary speaker at a selected conference for state level and community-based public health providers
3.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Additional analysis of the 2005 Household Health Survey	Advanced data analysis of the Household Health Survey will help create the framework for the 2010 needs assessment.	University of Iowa Public Policy Center Dr. Pete Damiano
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: IA

SP # 1

PERFORMANCE MEASURE:

Percent of children served by family support programs, whose primary delivery method is a home visit, that are served through evidence-based programs.

STATUS:

Active

GOAL

To increase the percent of Community Empowerment Areas that fund evidenced-based family support and parent education programs.

DEFINITION

Iowa is currently working on developing evidenced based criteria for Community Empowerment Areas.

Numerator:

Number of children being served by evidence-based family support programs, whose primary delivery method is a home visit.

Denominator:

Number of children served by family support programs, whose primary delivery method is a home visit.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

7-7 Increase the proportion of health care organizations that provide patient and family education.

DATA SOURCES AND DATA ISSUES

Family Support Environmental Scan

SIGNIFICANCE

Research has shown that high quality family support programs enable and empower families by enhancing and promoting individual and family capacities that support and strengthen family functioning. Family support programs and services strengthen adults in their roles as parents, nurturers, and providers.

SP # 2

PERFORMANCE MEASURE:

Percent of early care and education businesses who have received a training or service from a child care nurse consultant.

STATUS:

Active

GOAL

Improve the quality of health and safety in early care and education by increasing the number of early care and education providers receiving child care nurse consultant services.

DEFINITION

Through the Healthy Child Care Iowa Campaign, child care nurse consultants offer training and technical assistance to early learning providers.

Numerator:

Number of early care and education providers who receive a service from a child care nurse consultant

Denominator:

Number of early care and education providers in Iowa.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

none

DATA SOURCES AND DATA ISSUES

Healthy Child Care Iowa Encounter Data Child Care Resource and Referral Data

SIGNIFICANCE

Early care and education providers are responsible for the well-being of children enrolled in their facility. The health and safety of children enrolled is a prime concern. Early care and education providers need accessible health care professionals as partners to improve the health and safety components of their business. Child care nurse consultants delivering direct services (on-site consultation, face-to-face services and training) to early care and education providers help providers improve the health and safety components.

SP # 3

PERFORMANCE MEASURE:

Percent of Medicaid enrolled children zero to five years who receive developmental evaluations.

STATUS:

Active

GOAL

Assure developmental evaluations are provided to Medicaid enrolled children zero to five years.

DEFINITION

A development evaluation is periodic reviews of a child's development as an integrated part of a well-child examination to include a review of developmental milestones, behavior, family risk factors, and parent concerns.

Numerator:

The number of developmental evaluations provided to Medicaid enrolled children zero to five years during the reporting year.

Denominator:

The total number of Medicaid enrolled children zero to five years during the reporting year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

18-7 Treatment for children with mental health problems.

Increase the proportion of children with mental health problems who receive treatment.

DATA SOURCES AND DATA ISSUES

HCFA 4.16 Report Medicaid claims data: Fee for Service and Encounter data.

SIGNIFICANCE

Behavioral, mental health, and social-emotional problems in children have gained increasing attention and priority in the national and state public health systems in the last several years. Recent studies indicate that 12 percent to 16 percent of children experience developmental problems, but that only one-third of those children are identified in pediatric practices prior to school entry. Using state and local collaborative relationships, Iowa's Title V program has the opportunity to foster the development of a seamless and comprehensive system of screening, assessment, and referral services.

SP # 4

PERFORMANCE MEASURE:

Percent of children who needed care from a specialist who received the care without problem.

STATUS:

Active

GOAL

Assure access to pediatric specialty care for all children.

DEFINITION

The percentage value will be obtained by dividing the numerator (defined below) by the denominator (defined below) and then multiplying the quotient by 100.

Numerator:

Number of children who needed specialized care and received it without problem.

Denominator:

Number of children who needed specialized care.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-22 - Increase the proportion of CYSHCN who have access to a medical home.

DATA SOURCES AND DATA ISSUES

16-23 - Increase the proportion of Territories and States that have service systems for CYSHCN.

Data Source: Iowa Child and Family Household Health Survey conducted by the Iowa Department of Public Health, Child Health Specialty Clinics, and University of Iowa Public Policy Center. Data Issues: The data for this performance measure is based on parent report of "need" and "problem" meeting the need. There are no descriptors offered to parent survey respondents to help standardize the concepts of "need" or "problem." That the survey uses a population-based, random sample design strengthens the assumption that the responses are a valid, unbiased representation of family experience.

SIGNIFICANCE

Specialty care is one essential component of a comprehensive system of care for all children. Concepts of systems, medical home, and collaborative partnership manifest prominently in discussions of quality improvement and cost-effectiveness. With estimates ranging as high as 30 percent of all children having a need at some time for specialty care, access to specialists is naturally a relevant concern. Geographical inaccessibility and higher cost of specialty care remain formidable problems.

SP # 5

PERFORMANCE MEASURE:

Percent of children 0-3 years served by Early ACCESS (IDEA, Part C).

STATUS:

Active

GOAL

Minimize developmental delay through early intervention services for children 0-3 years.

DEFINITION

Early ACCESS serves children 0-3 years with a development delay of 25% or greater or a risk of development delays.

Numerator:

Number of children 0-3 years served by Part C - Early ACCESS.

Denominator:

Number of children 0-3 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-14 Reduce the occurrence of developmental disabilities.

DATA SOURCES AND DATA ISSUES

Early ACCESS data - OSEP -- OSEP recommends that EA serve 2% of children 0-3 years of age and 1% of children 0-1. A future indicator will be the success with which premature infants and children with other qualifying health conditions are served by Early ACCESS. EA data cannot currently differentiate the condition for which the child was enrolled, but that may be a possibility in the future.

SIGNIFICANCE

CHSC and the IDPH continue close collaboration with Early ACCESS to improve the early intervention system for children 0-3. Research has shown that for children with or at-risk for developmental delay, the earlier that intervention can be provided, the greater chance for the child's improved outcomes. By providing early intervention services to the child and family at the earliest possible time, potential later costs to society can be reduced.

SP # 6

PERFORMANCE MEASURE:

Percent of Iowa counties that have at least one participating targeted community in the CDC nutrition and physical activity obesity prevention project.

STATUS:

Active

GOAL

Improve physical fitness of children and adolescents by achieving the following: 1. Seventy-five percent of Iowa children and adolescents in targeted communities will be physically active for 30 minutes daily and moderately active for 60 minutes daily by January 2010. 2. Seventy-five percent of Iowa children and adolescents in targeted communities will limit screen time to no more than two hours daily by January 2010. 3. Seventy-five percent of Iowa children and adolescents in targeted

DEFINITION

Counties participating in the Fit for Life target interventions.

Numerator:

Number of Iowa Counties participating in the CDC nutrition and physical activity obesity prevention project.

Denominator:

Number of Iowa Counties.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

22-6 Increase the proportion of adolescents who engage in moderate physical activity for 30 minutes.

22-18 Increase the proportion of adolescents who view tv two or fewer hours on a school day.

DATA SOURCES AND DATA ISSUES

The data source will be the evaluation component of the CDC nutrition and physical activity obesity prevention grant. This information will be collected in the targeted communities.

SIGNIFICANCE

According to the "2002 CDC Pediatric Nutrition Surveillance System," 30 percent of low-income children aged 2-5 years in Iowa are overweight or at risk of becoming overweight and 61 percent of Iowa adults are overweight or obese. In Iowa, the obesity rate in adults has increased by 70 percent from 1990 to 2002.

SP # 7

PERFORMANCE MEASURE:

Percent of Medicaid enrolled children ages 9-35 months receiving a blood lead test.

STATUS:

Active

GOAL

Increase the percent of Medicaid enrolled children age 9 – 35 months receiving a blood lead test.

DEFINITION

The measure of children receiving a blood lead test is identified as a proxy measure for the quality of primary care provide for children.

Numerator:

Number of Medicaid enrolled children ages 9-35 months who have received a blood lead test.

Denominator:

Number of Medicaid enrolled children ages 9-35 months.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

8-11: Eliminate elevated blood lead levels in children.

DATA SOURCES AND DATA ISSUES

STELLAR (Systematic Tracking of Elevated Lead Levels and Remediation) and Medicaid data match conducted by the IDPH Bureau of Lead Poisoning Prevention - Data on blood lead screening is based upon birth cohorts for children age 9–35 mo. of age. A birth cohort includes children who were born in a given calendar year. The indicator demonstrates the percent of children in this age range who were on Medicaid at some time and received a blood lead test. Children enrolled in Medicaid include those enrolled for at least one month. A child in a given birth cohort must be tested at the age of 9 to 35 months to be counted. The Medicaid population is most vulnerable because the prevalence of lead poisoning in Medicaid children is 2.5 times the prevalence of lead poisoning in non-Medicaid children. Federal and Iowa law require Medicaid children to be tested, and these children have a source of payment for the test.

SIGNIFICANCE

Comprehensive health screening services for children include a blood lead test according to a plan developed by IDPH. This plan is consistent with guidance from the AAP, the AAPF, and the CDC. Iowa's screening plan states that all children should be tested for lead at age 12 and 24 mos., and high risk children should be tested at ages 18 mo., 3, 4, and 5 yrs. Iowa law requires that Medicaid children be tested at these ages. The Bureau of Lead Poisoning Prevention assesses rates for children 9-35 mos. of age. Childhood lead poisoning has major effects on the health of children and on community health. Lead has adverse effects on nearly all organ systems, especially on the developing brain and nervous system. At blood lead levels as low as 10 mcg/dl, children's intelligence, hearing, and growth are affected. In a community, the presence of lead-poisoned children can be linked with an increase in the number of children with developmental delays. The presence of lead-poisoned children requires substantial community public health resources for medical and environmental case management services. Most of Iowa's pre-1950 homes contain lead-based paint. Young children who live in pre-1950 homes become lead poisoned when they ingest paint chips, house dust, or exterior soil. Most lead-poisoned children show no visible symptoms, magnifying the importance of having a program to prevent childhood lead poisoning

SP # 8

PERFORMANCE MEASURE:

Percent of Medicaid enrolled children ages 1-5 years who receive dental services.

STATUS:

Active

GOAL

Assure access to oral health care for low-income children in Iowa.

DEFINITION

Children ages 1-5 years old who are enrolled in Medicaid, will have access to dental services.

Numerator:

Number of Medicaid enrolled children 1-5 years who receive a dental service.

Denominator:

Number of Medicaid enrolled children 1-5 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

21-1 Reduce the proportion of children and adolescents who have dental caries experience in their pr

21-2 Reduce the proportion of children, adolescents, and adults with untreated dental decay.

21-10 Increase the proportion of children and adults who use the oral health care system each year.

21-12 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

DATA SOURCES AND DATA ISSUES

HCFA 4.16 Report

SIGNIFICANCE

Access to oral health care for children was rated within the top ten priorities of the 2005 Iowa Department of Public Health Maternal and Child Health Needs Assessment. Access to dental care for low-income families is limited due to a number of barriers. These include: lack of financial resources to pay for care, lack of knowledge of importance of good oral health, lack of dentists willing to see children under the age of three, shortage of dentists participating in the Medicaid program, shortage of dentists within the state, and issues of patient compliance.

SP # 9

PERFORMANCE MEASURE:

Rate (per 1,000 births) of infant deaths due to prematurity.

STATUS:

Active

GOAL

Reduce the rate of infant deaths due to prematurity

DEFINITION

Prematurity is defined as delivery before 37 weeks gestational and/or infant weighing 1,000-2,499 grams.

Numerator:

Number of infant deaths of pre-term infants.

Denominator:

Number of infants (per 1,000) in Iowa.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

16-1 Reduce fetal and infant deaths.

16-11 Reduce preterm births.

DATA SOURCES AND DATA ISSUES

Vital Statistics Data

SIGNIFICANCE

No State can afford not to address infant mortality. Nationally the infant mortality rates have climbed from 6.7/1000 to 7.0/1000. Provisional data for calendar year 2004 point to a potential decrease in the Iowa rate of infant mortality per 1,000 births, from 5.7 in 2003 to 5.0 in 2004.

SP # 10

PERFORMANCE MEASURE:

Number of professionals trained on the use of appropriate maternal depression screening tools and the available referral resources.

STATUS:

Active

GOAL

Increase the number of professionals trained on use of appropriate maternal depression screening tools.

DEFINITION

Assure pregnant and parenting women are screened and referred to appropriate mental health services.

Numerator:

Number of professionals trained on maternal depression screening tools.

Denominator:

Number of professionals trained

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

16-5

Reduce maternal illness and complications due to pregnancy.

DATA SOURCES AND DATA ISSUES

University of Iowa Center for Depression and Clinical Research and Iowa Department of Public Health Provider Survey.

SIGNIFICANCE

Depression is considered an underreported problem. Women report a reluctance to discuss their emotions during the perinatal period due to the perceived stigma associated with it. Many women do not realize that they are suffering from a treatable condition and are often left to deal with the problem on their own. Without appropriate treatment, perinatal depression can dramatically affect women and their families. Data from prenatal care surveys indicate the extent of the problem in Iowa. Over 15 percent of postpartum women completing a survey on their second postpartum day report feeling sad or miserable in the two weeks prior to completing the survey. Health care providers in Iowa indicate that they understand the importance of early screening and identification of perinatal depression. However, they are reluctant to screen and identify clients who may be at-risk for depression, because of the providers' lack of awareness of available resources for client interventions. The Iowa Department of Public Health and the University of Iowa Center for Depression and Clinical Research will be collecting data in the next year to determine the baseline.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: IA

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	48.4	48.4	42.7	42.9	28.1
Numerator	875	875	820	841	565
Denominator	180,755	180,755	192,055	195,916	201,321

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2008
Field Note:
 The 2008 data were obtained from the Iowa Hospital Association.
- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2007
Field Note:
 The 2007 data were obtained from the Iowa Hospital Association.
- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2006
Field Note:
 The 2006 data were obtained from the Iowa Hospital Association.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>99.9</u>	<u>94.6</u>	<u>95.5</u>	<u>88.3</u>	<u>87.9</u>
Numerator	<u>17,565</u>	<u>17,636</u>	<u>18,498</u>	<u>17,841</u>	<u>17,575</u>
Denominator	<u>17,590</u>	<u>18,639</u>	<u>19,379</u>	<u>20,200</u>	<u>20,001</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Data were obtained from the CMS 4.16 Annual EPSDT Participation Report. Due to a change in the data collection by CMS, Iowa rates have shown a decrease. We will be working to assure that the current data collection accurately reflects the services provided in Iowa with a focus on continued steady incremental improvement.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

The 2007 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

Due to a change in the data collection by CMS, Iowa rates have shown a decrease. We will be working to assure that the current data collection accurately reflects the services provided in Iowa with a focus on continued steady incremental improvement.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

The 2006 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>6</u>	<u>15</u>	<u>9</u>	<u>9</u>	<u>8</u>
Denominator	<u>6</u>	<u>15</u>	<u>9</u>	<u>9</u>	<u>8</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Data were obtained from hawk-i data.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from hawk-i 2007 data. The small number is due to financial eligibility at 185 percent poverty level. Most infants who qualify for public health insurance qualify for Medicaid.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

The small number is due to financial eligibility at 185 percent poverty level. Most infants who qualify for public health insurance qualify for Medicaid.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>76.2</u>	<u>75.2</u>	<u>82.8</u>	<u>74.0</u>	<u>74.4</u>
Numerator	<u>29,096</u>	<u>29,336</u>	<u>32,539</u>	<u>29,602</u>	<u>29,431</u>
Denominator	<u>38,159</u>	<u>39,014</u>	<u>39,275</u>	<u>40,000</u>	<u>39,573</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from 2008 Vital Statistics data.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Iowa implemented a revised birth certificate during this reporting period. The questions about entry into prenatal care was changed. Data staff are investigating the accuracy of the reporting.

Data were obtained from 2007 Vital Statistics data.

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

An error in our calculations of the previous years Kotelchuck index was identified. This was corrected for this year and future years.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>61.7</u>	<u>63.6</u>	<u>64.9</u>	<u>44.1</u>	<u>45.0</u>
Numerator	<u>141,222</u>	<u>151,992</u>	<u>159,473</u>	<u>109,659</u>	<u>114,749</u>
Denominator	<u>228,738</u>	<u>239,068</u>	<u>245,785</u>	<u>248,599</u>	<u>255,061</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- 1.
- Section Number:**
- Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

- 2.
- Section Number:**
- Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The 2007 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

Due to a change in the data collection by CMS, Iowa rates have shown a decrease. We will be working to assure that the current data collection accurately reflects the services provided in Iowa with a focus on continued steady incremental improvement.

- 3.
- Section Number:**
- Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

The 2006 data were obtained from the CMS 4.16 Annual EPSDT Participation Report. The numerator represents the number of Medicaid eligible individuals who received at least one initial or periodical screen. The denominator represents the number of individuals eligible for EPSDT.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>51.9</u>	<u>52.8</u>	<u>53.7</u>	<u>54.3</u>	<u>55.5</u>
Numerator	<u>22,678</u>	<u>24,390</u>	<u>25,768</u>	<u>26,494</u>	<u>27,647</u>
Denominator	<u>43,717</u>	<u>46,216</u>	<u>47,985</u>	<u>48,795</u>	<u>49,855</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

The 2007 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

The 2006 data were obtained from the CMS 4.16 Annual EPSDT Participation Report.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>92.4</u>	<u>91.9</u>	<u>91.7</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>1,201</u>	<u>1,175</u>	<u>1,058</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,300</u>	<u>1,278</u>	<u>1,154</u>	<u>1,150</u>	<u>1,150</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

The Social Security Administration's (SSA) information disclosure rules and regulations continue to be under review during this reporting year. Therefore, CHSC continues to NOT receive information regarding SSI-enrollees in Iowa. In June 2009, CHSC received notice from the SSA regarding readiness to negotiate a new memorandum of agreement (or data exchange permit) to share SSI enrollment information. We expect discussions to resume later in ffy'09 or early ffy'10 resulting in a new information sharing agreement.

The denominator value is a rough estimate based on prior years when SSA shared beneficiary information.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

The Iowa Title V CSHCN Program is unable to supply data for HSCI #8 because of an SSA-initiated interruption in the sharing of data regarding children < 16 years old enrolled in the SSI Program. There are apparently confidentiality-related questions that have remained unresolved since early calendar year 2007. If and when sharing of SSI enrollment data with CHSC resumes, CHSC will, in turn, resume contacting families of SSI-enrolled children to offer assistance connecting children and families to needed rehabilitative services.

Denominator value is a rough estimate based on prior years when SSA shared beneficiary information.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

Our Iowa Title V definition of rehabilitative services includes mailing a detailed letter to each family of a child determined eligible for SSI. The letter reiterates the beneficiary's eligibility and encourages application for Medicaid, as well as describes additional Title V CYSHCN services that may be useful or of interest.

The Title V CYSHCN Program realizes that receiving a letter inviting SSI beneficiary families to request assistance from Title V is not precisely the same as providing "rehabilitative services." We do, however, believe that the letter does offer a potential connection between SSI beneficiary families and Title V services.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: IA

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Matching data files	<u>7.9</u>	<u>5.9</u>	<u>6.8</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Matching data files	<u>5.5</u>	<u>5.3</u>	<u>5.4</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Matching data files	<u>60.6</u>	<u>78.9</u>	<u>71</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Matching data files	<u>72.7</u>	<u>85</u>	<u>79.7</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: IA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	<u>133</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: IA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	<u>200</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

FORM NOTES FOR FORM 18

Data obtained from the 2007 Medicaid match data.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2010
Field Note:
The data for percent of infants born to pregnant women receiving prenatal care beginning in the first trimester were obtained from 2007 data, not 2008 data which is in the NPM data source
2. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2010
Field Note:
Data were obtained from 2007 Vital Statistics. We used the program written by NCHS to calculate these results

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: IA

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: IA

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	No
Other: Iowa Youth Survey	3	Yes

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: IA

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	7.0	7.2	6.9	6.8	6.7
Numerator	2,692	2,829	2,814	2,795	2,683
Denominator	38,355	39,255	40,564	40,835	40,221

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2008
Field Note:
 Data were obtained from 2008 Vital Statistics provisional data.
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2007
Field Note:
 Data were obtained from 2007 Vital Statistics data.
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2006
Field Note:
 Data were obtained from 2006 Vital Statistics data.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>5.3</u>	<u>5.4</u>	<u>5.3</u>	<u>5.1</u>	<u>4.9</u>
Numerator	<u>1,946</u>	<u>2,047</u>	<u>2,058</u>	<u>1,995</u>	<u>1,913</u>
Denominator	<u>37,039</u>	<u>37,883</u>	<u>39,152</u>	<u>39,369</u>	<u>38,737</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2008
Field Note:
 Data were obtained from 2008 Vital Statistics provisional data.
- Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2007
Field Note:
 Data were obtained from 2007 Vital Statistics data.
- Section Number:** Form20_Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2006
Field Note:
 Data were obtained from 2006 Vital Statistics data.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.3</u>	<u>1.4</u>	<u>1.3</u>	<u>1.3</u>	<u>1.2</u>
Numerator	<u>506</u>	<u>543</u>	<u>509</u>	<u>544</u>	<u>501</u>
Denominator	<u>38,355</u>	<u>39,255</u>	<u>40,564</u>	<u>40,835</u>	<u>40,221</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2008
Field Note:
 Data were obtained from 2008 Vital Statistics provisional data.
- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2007
Field Note:
 Data were obtained from 2007 Vital Statistics data.
- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2006
Field Note:
 Data were obtained from 2006 Vital Statistics data.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>0.9</u>	<u>0.9</u>
Numerator	<u>369</u>	<u>377</u>	<u>374</u>	<u>357</u>	<u>346</u>
Denominator	<u>37,039</u>	<u>37,883</u>	<u>39,152</u>	<u>39,369</u>	<u>38,737</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

- Section Number:** Form20_Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2008
Field Note:
 Data were obtained from 2008 Vital Statistics provisional data.
- Section Number:** Form20_Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2007
Field Note:
 Data were obtained from 2007 Vital Statistics data.
- Section Number:** Form20_Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2006
Field Note:
 Data were obtained from 2006 Vital Statistics data.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	11.1	7.3	14.6	7.5	8.7
Numerator	63	40	85	44	51
Denominator	569,387	547,627	581,387	583,316	586,749

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from 2008 Vital Statistics provisional data.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

The data were obtained from 2007 Vital Statistics data.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

The data were obtained from 2006 Vital Statistics data.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>6.7</u>	<u>4.4</u>	<u>2.1</u>	<u>4.6</u>	<u>2.7</u>
Numerator	<u>38</u>	<u>24</u>	<u>12</u>	<u>25</u>	<u>16</u>
Denominator	<u>569,387</u>	<u>547,627</u>	<u>581,387</u>	<u>543,571</u>	<u>586,749</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from 2008 Vital Statistics provisional data.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from 2007 Vital Statistics provisional data.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

The data were obtained from 2006 Vital Statistics data.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	21.8	35.8	23.8	26.5	18.7
Numerator	96	155	105	115	81
Denominator	440,974	433,548	440,689	433,507	432,262

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from 2008 Vital Statistics provisional data.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from 2007 Vital Statistics provisional data.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

The numerator data were obtained from 2006 Vital Statistics data and the denominator data were obtained from 2005 Census data.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	<u>6,219.0</u>	<u>10,217.2</u>	<u>10,061.1</u>	<u>9,722.9</u>	<u>7,353.9</u>
Numerator	<u>35,410</u>	<u>55,952</u>	<u>58,494</u>	<u>56,715</u>	<u>43,149</u>
Denominator	<u>569,387</u>	<u>547,627</u>	<u>581,387</u>	<u>583,316</u>	<u>586,749</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from Department of Transportation data.

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from Department of Transportation data.

3. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from Department of Transportation data. The DOT data includes regular diagnosis codes instead of E-code only so numbers for 2006 are higher than in the past years.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>324.0</u>	<u>240.5</u>	<u>221.7</u>	<u>217.9</u>	<u>303.7</u>
Numerator	<u>1,845</u>	<u>1,317</u>	<u>1,289</u>	<u>1,271</u>	<u>1,782</u>
Denominator	<u>569,387</u>	<u>547,627</u>	<u>581,307</u>	<u>583,316</u>	<u>586,749</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from Department of Transportation data.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from Department of Transportation data.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from the Department of Transportation data set.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	<u>1,666.4</u>	<u>1,063.3</u>	<u>1,034.1</u>	<u>1,104.9</u>	<u>1,237.2</u>
Numerator	<u>7,308</u>	<u>4,610</u>	<u>4,557</u>	<u>4,790</u>	<u>5,348</u>
Denominator	<u>438,548</u>	<u>433,548</u>	<u>440,689</u>	<u>433,507</u>	<u>432,262</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from Department of Transportation data.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from Department of Transportation data.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from the Department of Transportation data set.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>20.0</u>	<u>20.9</u>	<u>21.3</u>	<u>22.1</u>	<u>24.3</u>
Numerator	<u>2,061</u>	<u>2,132</u>	<u>2,259</u>	<u>2,349</u>	<u>2,582</u>
Denominator	<u>103,272</u>	<u>102,028</u>	<u>106,102</u>	<u>106,446</u>	<u>106,081</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>6.0</u>	<u>6.3</u>	<u>10.2</u>	<u>8.0</u>	<u>8.9</u>
Numerator	<u>3,014</u>	<u>3,131</u>	<u>4,933</u>	<u>3,817</u>	<u>4,187</u>
Denominator	<u>499,730</u>	<u>498,792</u>	<u>481,366</u>	<u>476,502</u>	<u>473,044</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

Data were obtained from the Iowa Department of Public Health STD Prevention Program.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	43,833	38,635	2,387	417	1,177	70	1,147	0
Children 1 through 4	170,312	147,770	10,637	2,151	4,370	283	5,101	0
Children 5 through 9	203,135	177,939	11,815	2,442	4,968	357	5,614	0
Children 10 through 14	203,293	181,451	10,589	1,907	4,456	267	4,623	0
Children 15 through 19	224,174	204,162	10,107	2,030	4,016	263	3,596	0
Children 20 through 24	220,489	203,161	8,401	1,803	4,427	250	2,447	0
Children 0 through 24	1,065,236	953,118	53,936	10,750	23,414	1,490	22,528	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	38,979	3,236	0
Children 1 through 4	150,230	12,339	0
Children 5 through 9	182,231	13,418	0
Children 10 through 14	185,881	11,979	0
Children 15 through 19	209,692	10,133	0
Children 20 through 24	208,516	9,499	0
Children 0 through 24	975,529	60,604	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	38	16	10	1	0	0	0	11
Women 15 through 17	1,024	729	110	11	8	1	30	135
Women 18 through 19	2,565	2,042	206	27	20	3	63	204
Women 20 through 34	32,339	27,958	1,226	176	687	41	217	2,034
Women 35 or older	4,236	3,656	110	11	146	1	12	300
Women of all ages	40,202	34,401	1,662	226	861	46	322	2,684

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	27	10	1
Women 15 through 17	824	193	7
Women 18 through 19	2,222	314	29
Women 20 through 34	29,468	2,451	420
Women 35 or older	3,837	322	77
Women of all ages	36,378	3,290	534

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	226	196	27	0	2	0	0	1
Children 1 through 4	54	47	4	0	3	0	0	0
Children 5 through 9	25	22	1	0	2	0	0	0
Children 10 through 14	25	23	1	0	1	0	0	0
Children 15 through 19	102	94	8	0	0	0	0	0
Children 20 through 24	147	136	9	0	1	0	0	1
Children 0 through 24	579	518	50	0	9	0	0	2

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	201	25	0
Children 1 through 4	51	3	0
Children 5 through 9	24	1	0
Children 10 through 14	25	0	0
Children 15 through 19	97	5	0
Children 20 through 24	141	6	0
Children 0 through 24	539	40	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: IA

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	844,747	749,957	45,535	8,947	18,987	1,240	20,081	0	2007
Percent in household headed by single parent	29.3	26.6	73.9	78.7	4.7	0.0	60.0	0.0	2006
Percent in TANF (Grant) families	100.0	44.3	17.3	1.1	0.8	0.0	0.0	27.8	2008
Number enrolled in Medicaid	191,679	109,906	19,665	1,643	1,880	0	0	58,585	2008
Number enrolled in SCHIP	19,803	15,167	636	111	180	19	0	3,690	2008
Number living in foster home care	7,402	5,316	1,121	147	55	23	147	593	2007
Number enrolled in food stamp program	115,115	63,441	15,317	1,120	955	0	0	34,282	2008
Number enrolled in WIC	60,408	48,281	6,319	291	1,047	0	3,776	694	2008
Rate (per 100,000) of juvenile crime arrests	3,017.0	2,468.0	10,526.0	3,508.0	1,456.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.9	2.5	6.1	3.2	2.6	0.0	0.0	0.0	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	767,013	51,105	0	2007
Percent in household headed by single parent	27.8	44.3	0.0	2006
Percent in TANF (Grant) families	91.2	8.8	0.0	2008
Number enrolled in Medicaid	191,679	20,166	0	2008
Number enrolled in SCHIP	19,803	1,391	0	2008
Number living in foster home care	5,875	514	1,013	2007
Number enrolled in food stamp program	115,115	11,150	0	2008
Number enrolled in WIC	59,714	17,764	694	2008
Rate (per 100,000) of juvenile crime arrests	2,907.0	3,294.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.7	6.1	0.0	2008

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HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	330,192
Living in urban areas	242,767
Living in rural areas	325,650
Living in frontier areas	200,167
Total - all children 0 through 19	768,584

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
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STATE: IA

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	3,002,555.0
Percent Below: 50% of poverty	3.7
100% of poverty	6.6
200% of poverty	17.5

FORM 21
HEALTH STATUS INDICATORS
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HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	803,544.0
Percent Below: 50% of poverty	4.8
100% of poverty	9.9
200% of poverty	22.3

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
2006 was last available data
2. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
2006 represents latest available data.
3. **Section Number:** Form21_Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2010
Field Note:
2008 shows a total of 803,544, but the data cannot be broken down by area in 2008
4. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2010
Field Note:
Breakdown of poverty levels is not available for 2008 data
5. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2010
Field Note:
Breakdown of poverty level is not available for 2008 data